

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 02-14-05.

The IRO reviewed codes A456-electrodes/apnea monitoring and 97535 self care management training rendered from 04-02-04 through 10-26-04 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO reviewer determined that the electrodes/apnea monitoring and self care management training **were not** medically necessary. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 03-07-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 99358 dates of service 04-02-04, 04-12-04, 04-27-04, 06-22-04 denied with denial code "G90" (unbundling. The value of this service is included in the value of another service billed on the same date). Per Rule 133.404(c) and 134.202(a)(4) the carrier did not specify which service code 99358 was global to. CPT codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate. Relevant information (i.e. redacted EOBs-with similar services-showing amount billed is fair and reasonable) along with documentation to support the services billed were not submitted by the requestor to confirm that \$200.66 is their usual and customary charge for this service. No reimbursement is recommended.

CPT code 99214 dates of service 05-24-04, 07-05-04 and 10-26-04 denied with denial code "N11" (not appropriate documented. Upon review, documentation as submitted does not support the level or service(s) billed. Reimbursement based on level of service documented. The carrier has made no payment. The requestor submitted documentation to support the level of services billed for dates of service 05-24-04 and 07-05-04. No documentation was submitted for review for date of service 10-26-04. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$212.72 (\$85.09 X 125% = \$106.36 X 2 DOS)**.

CPT code 97010 dates of service 05-26-04, 05-28-04, 05-31-04, 06-02-04, 06-15-04, 06-18-04 and 06-30-04 denied with denial code "G90" (unbundling. The value of this service is included in the value of another service billed on the same date). Code 97010 is a bundled service code and per Medicare is considered an integral part of a therapeutic procedure(s) and whether billed alone

or in conjunction with another therapy code, additional reimbursement shall not be made. No reimbursement recommended.

CPT code 99080-73 dates of service 06-22-04, 07-05-04 and 10-06-04 denied with denial code “U1” (unnecessary treatment without peer review). The TWCC-73 per Rule 129.5 is a required report and is not subject to an IRO review. Reimbursement in the amount of **\$45.00 (\$15.00 X 3 DOS)** is recommended. A Compliance and Referral will be made as the carrier is in violation of Rule 129.5.

CPT code 97110 dates of service 07-12-04, 07-15-04, 08-17-04 and 08-30-04 denied with denial code “F72” (Fee Guideline MAR reduction. Treatment has exceeded Medicare Guidelines for length of treatment session(s)). The carrier has made a partial payment in the amount of \$258.93. In regard to code 97110 recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one”. Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division (MRD) has reviewed the matters in light of the Commission requirements for proper documentation. No additional reimbursement is recommended.

CPT code 99090 dates of service 07-12-04 and 08-30-04 denied with denial code “G90” (unbundling. The value of this service is included in the value of another service billed on the same date). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which code 99090 was global to. CPT codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate. Relevant information (i.e. redacted EOBs-with similar services-showing amount billed is fair and reasonable) along with documentation to support the services billed were not submitted by the requestor to confirm that \$120.00 is their usual and customary charge for this service. No reimbursement is recommended.

CPT code 97112 (4 units) dates of service 07-12-04 and 07-15-04 denied with denial code “F72” (Fee Guideline MAR reduction. Treatment has exceeded Medicare Guidelines for length of treatment session(s)). The carrier has made a payment of \$74.10. The requestor submitted documentation to support the services billed. Reimbursement per Rule 134.202(c)(1) is \$37.05 (\$29.64 X 125%) per unit. Additional reimbursement is recommended in the amount of **\$74.10 (\$37.05 X 4 units = \$148.20 minus carrier payment of \$74.10).**

CPT code 97018 date of service 08-17-04 denied with denial code “G2” (unbundling. Per the National Correct Coding Policy you can not unbundled codes where there is a code that is adequate for both procedure or included in the procedure). Per Rule 133.304 (c) and 134.202(a)(4) the carrier did not specify which code 97018 was global to. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$8.76 (\$7.01X 125%).**

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees from 05-24-04 through 10-26-04 totaling \$340.58 in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Findings and Decision and Order are hereby issued this 18th day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision



7600 Chevy Chase, Suite 400
Austin, Texas 78752
Phone: (512) 371-8100
Fax: (800) 580-3123

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 25, 2005

To The Attention Of:

TWCC
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-16091

RE: Injured Worker:

MDR Tracking #: M5-05-1685-01

IRO Certificate #: 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Table of disputed services
- EOBs
- HICFAs
- Daily Notes
- Examination sheets
- Exercise sheets
- Narrative reports
- Statement letter from treating physician/office

Submitted by Respondent:

- Table of disputed services
- EOBs
- Daily Notes
- TWCC forms
- Peer review

Clinical History

According to the supplied documentation it appears the claimant sustained an injury to her left elbow while at work on _____. The claimant initially began with occupational therapy and later was treated with chiropractic therapy that provided minimal improvement. After approximately 1 year of therapy that did not return the claimant to pre-injury condition, the claimant was referred to a surgeon for a consultation. On 5/3/04 the claimant underwent left elbow surgery with Scott Oishi, M.D. The claimant was released approximately 3 weeks later for postoperative therapy. The postoperative therapy included muscle stimulation, ice, paraffin bath, therapeutic exercises and neuromuscular re-education. The documentation ends here.

Requested Service(s)

A4556 electrodes/apnea monitoring, 97535 self care management training on dates of service 5/26/04 and 6/30/04.

Decision

I disagree with the treating provider and agree with the insurance carrier that the services in question were not medically necessary.

Rationale/Basis for Decision

According to the supplied documentation it appears that the claimant sustained a compensable injury to her left elbow. After the initial conservative therapy failed, it appeared that surgery was necessary. After the surgery was performed on 5/3/04, it would seem reasonable and necessary that the claimant undergo postsurgical rehabilitation. The claimant underwent a plethora of care pre and post surgery. With the extensive amount of therapy rendered in this case, the self care management codes are not seen as reasonable or medically necessary. The claimant would be well versed in the types of therapy that would benefit her condition. The documentation also does not support a charge for electrodes dated 5/26/04. The documentation shows that 97032 codes were paid which would include the electrodes necessary for therapy.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 25th day of March 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder